The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

March 1, 1946

Volume 11 • Number 5

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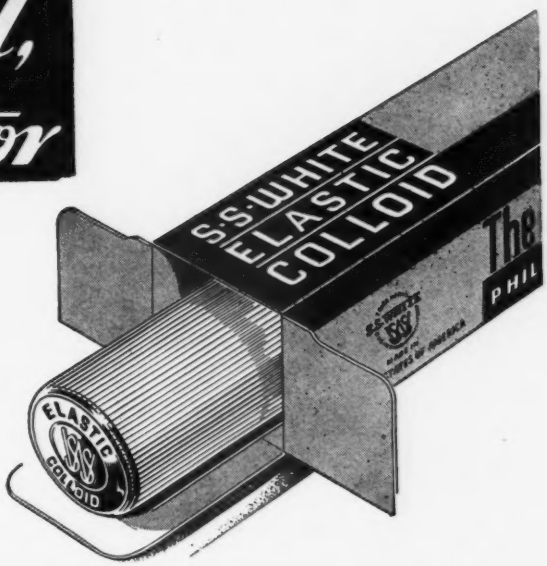

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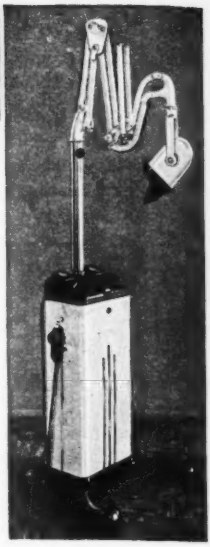

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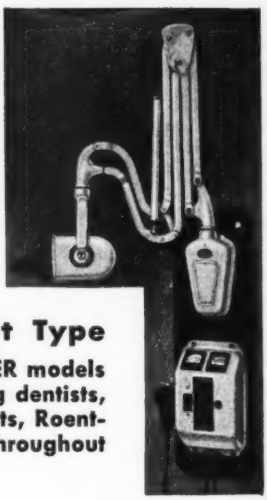

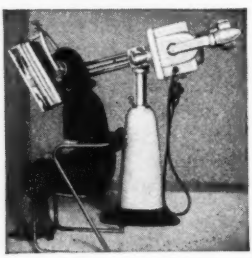

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THE CALENDAR

March 1st: Northwest Branch: Regular monthly meeting to be held at the Logan Square Athletic Club. Dr. Joseph Schaefer will speak on "Oral Surgery for the General Practitioner."

March 5th: South Suburban Branch: Regular monthly meeting to be held at the Elks Club, 155th and Center Avenue, Harvey, Illinois. Dinner at 6:30, followed by a social and good fellowship meeting.

March 11th: North Suburban Branch: Regular monthly meeting to be held in the Aladdin Room of the Orrington Hotel, Evanston. William Rusch, Program Chairman.

March 12th: West Side Branch: Regular monthly meeting to be held at the Midwest Athletic Club. Dr. Henry Glupker will discuss "Full Denture Construction."

March 12th: West Suburban Branch: Regular monthly meeting to be held at the Oak Park Club. Dinner at 6:30. Speaker at 7:30 p.m.—Dr. Philip Jay of the University of Michigan Dental School and Kellogg Foundation will discuss "Fluorine as It Pertains to Dentistry."

March 12th: Englewood Branch: Regular monthly meeting to be held at the Hayes Hotel. Dr. Louis Schultz will speak on "Disturbances of the Temporomandibular Articulation," and Dr. John R. Thompson will discuss the paper. Call J. P. Devin, Commodore 8585, for dinner reservations.

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1946 Midwinter Meeting Surpasses Expectations

Facilities of World's Largest Hotel Overtaxed

A new record registration mark was set at the 1946 Midwinter Meeting. Even the vast reaches of the Stevens Hotel were wholly inadequate to take care of those who wanted to come and many of the directors and committee chairmen were forced to commute. Incidentally, a new and flourishing racket seems to be extant in some Chicago hotels. A confirmed reservation doesn't mean a thing unless accompanied by a bit of the coin of the realm to "grease the palms" of the hotel clerks and, perhaps because of Army occupancy, the game of passing the buck is played by men in high places.

GENERAL SESSIONS

The two General Sessions aroused considerable interest. At the first session on Monday evening two last minute changes had to be made in the program. Mayor Kelly, who was scheduled to give the address of welcome, sent his assistant corporation counsel, Colonel Foss, and Will Rogers Jr., the featured speaker, was replaced by the able war correspondent and lecturer, Vincent Sheean. His subject was "The Problems of War and Peace."

Mr. Sheean was in a rather pessimistic mood and could find nothing good in our State Department's foreign policy. Although he divulged nothing that had not appeared already in the public press, his smooth delivery and informal manner made it appear that he was giving away secrets. Anyway he had his audience wtih him from the start.

POWER POLITICS

The main characteristic of the war, according to Mr. Sheean, is the emergence of the Russian and American power and the disappearance of the former great power states of Europe. He maintained that our present bewilderment over our position was foreseen by Hitler from the beginning of the war. It was the Nazi point of view that, if Germany lost the war, the result would be the aggrandizement of the United States and Russia and the inevitable clash between them. So far the only good results of the war, in his opinion, are the necessary destruction of Fascism and the establishment of the United Nations Organization. He contended that the dropping of the first atomic bomb did not stampede Russia into declaring war on Japan. As far back as the Yalta conference Russia agreed to declare war on Japan three months after Germany was defeated. And this she did, almost to the day.

PRIZE ESSAY

At the second General Session on Wednesday morning Dr. Robert G.

Kesel, winner of the Essay Contest, presented his paper, "The Biological Production and Therapeutic Use of Ammonia in the Oral Cavity in Relation to Dental Caries." Dr. Kesel reported that the development of ammonia nitrogen in the mouth may be responsible for the absence of dental caries which some people naturally exhibit. It may not be formed in the mouth in large quantities, but if it is produced by natural methods in small continuous quantities at the strategic points on the teeth where cavities develop, it may be effective in preventing the decalcification of the tooth substance. Amino acids are present in human saliva and may be utilized for the production of ammonia by the enzyme systems present in the oral cavity. Ammonia introduced into the mouth artificially has a limiting effect on the acid forming bacteria, and clinical observation over a longer period of time may reveal a reducing effect on caries activity. Dr. Kesel, and his collaborators, reported further that they incorporated ammonia compounds in a tooth powder and mouth rinse, and had a series of patients using these preparations for five months and there was evidence, even in that short time, that the acid-producing bacteria were reduced in numbers. It's a little too soon, according to Dr. Kesel, to state that these ammonium compounds will stop tooth decay, but it's a step in the right direction.

MIRACLE DRUGS

Many of the returned veterans reported their experience on the fighting fronts. Sulfonamides and penicillin were used extensively in combating oral infection. Dr. William S. Hoffman of Chicago, research director of Hektoen Institute for Medical Research, Cook County Hospital, in discussing penicillin and its possible use said that penicillin, sometimes called the miracle of modern medicine, proved to be just a lop-sided miracle that cures lobar pneumonia, for instance, but doesn't touch the common cold. In other words it is no panacea for human ailments. Just as in the case of the sulfonamides, Dr. Hoffman stated, bacteria are sensitive to penicillin and become resistant if grown in concentrations of penicillin too small to kill them. There is great danger in the topical application of penicillin because, where it is administered without regard to the blood levels, patients become sensitized needlessly.

Dr. Carl W. Waldron of Minneapolis confirmed Dr. Hoffman's statements and said that, while sulfonamides and other chemical agents were used extensively in war wounds, the local application of these drugs, in the final analysis, worked at a disadvantage. He said that the progress in wound management points away from the introduction of any chemical agent into a wound for its supposed antiseptic effect. The war experience of dental officers afforded them the opportunity of using penicillin on large numers of patients with acute trench mouth. The time required for cure was cut in half by exclusive penicillin therapy.

DENTISTRY IN THE ARMY

That dentistry is essential to the successful prosecution of a modern war was proved convincingly by Lt. Col. John C. Brauer of the Army Dental Corps. According to Col. Brauer, the Army Dental Corps completed more than 70,000,000 restorations or fillings and 2,500,000 dentures for Army personnel in the years 1942 to 1945 inclusive. The Dental Corps also made 780,000 denture repairs, 205,000 fixed bridges, 16,000,000 extractions and 8,500,000 prophylactic treatments.

Col. Brauer went on to say that American dentistry met its challenge by converting more than 1,500,000 dental cripples into effective fighting men. This is indeed a great achievement and no other profession can display such a record during this war. In order to raise and maintain standards of dental health in the nation and to allow the Dental Corps to keep pace with modern warfare Col. Brauer concluded: 1. That there is a vital and urgent need for a national dental health program. 2. That it is essential that the Army Dental Corps

have a continuous active research program for the development of field equipment. 3. That a comprehensive study should be initiated by the American Dental Association to determine, *a.* the present status of the Dental Corps in the medical department, *b.* the actual needs of the American people, the profession and the corps and, *c.* what course of action is necessary to effect the greatest efficiency in the corps.

LIMITED ATTENDANCE CLINICS

The Limited Attendance Clinics again proved very popular. Many of them were filled to capacity and the Question and Answer program, inaugurated in 1943, took care of the overflow so that no dentist felt that he was left out of the proceedings.

In addition to these two features the program of Motion Pictures, the Scientific and Health Exhibits, as well as the Educational Exhibits received a lot of favorable comment.

General Clinics on Monday and Thursday afternoon drew capacity crowds proving again that the dentist not only likes to hear about new departures in dentistry but likes to see the technic with his own eyes.

EXHIBITS

The exhibitors were overwhelmed, literally. State and Madison at its worst never had more confusion. The crowd was good natured, for the most part, and requests for new equipment came in by the hundreds. As is right and proper, first priority for heavy equipment went to the dentists returning from service. Not that it meant anything, for like everything else in this peace torn world heavy equipment is a scarce commodity. The dealers, with their tongues in their cheeks, promised delivery in six or eight months' time. The Exhibitor's Table Clinics on Tuesday afternoon also were well attended and very much worthwhile.

FELLOWSHIP DINNER

No report of the 1946 Meeting would be complete without mention of the Fellowship Dinner. The main floor space was sold out days in advance making it necessary to set up tables in the balcony. The members and guests who attended were well rewarded. The food was good, the crowd was congenial (neither was wine a mocker nor was strong drink raging) and the floor show was unsurpassed. Only the blizzard that swept in on the wings of a fifty mile gale, just as the guests were assembling, dampened the spirits of the multitude.—*James H. Keith.*

The Ability to Pay for Dental and Medical Care*

Joseph D. Lohman, Ph.D., Chairman, Department of Sociology,
American University, Washington, D. C.

(Continued from February 15)

We must make allowance for at least a 30 per cent increase in living costs (other estimates range as high as 42 per cent). Add to this income tax deductions and other wartime drains upon the family budget, and one is faced with the realization that the *real* income of American working families does not vary considerably from that of pre-war years. The real diferences in expenditures arise because of the unavailability of certain scarce and prohibited articles. Due to these restrictions in choice, dentistry and medicine were able to benefit by expenditures which might otherwise have gone for other necessities or other consumer goods with greater attractiveness to the public. In this sense, the compulsory features of rationing and restricted production of luxury items made possible a greater consumption of necessary medical and dental service. Unfortunately, this greater demand was coupled with a reduced personnel, but it does suggest to us that universal regulation and even compulsion do not always have completely negative features.

Suffice it to say, the general pattern of income distribution was not radically changed during the war. Furthermore, the current reduced employment and the shortened work week indicate the trend toward a return of the peace time, pre-war pattern of 1935-1936, despite labor's attempts to retain the total payroll earnings or take-home pay which it has enjoyed during the war.

*This paper is the second of a series of lectures on "The Dentist in the Social Order," a study course presented by the Chicago Dental Society and the University of Chicago.

FAMILY EXPENDITURES

In the light of this background of family incomes, let us examine the expenditures of American families. Consumer studies show that the American family spends, on the average, between $26 and $236 for medical care, including dental services. Furthermore, this range of expenditures is in almost direct proportion to the size of the income. All classes, except the very poor, spend about the same proportion of their incomes for medical services, but 4.7 per cent of the income of families making between $1000 and $1500 amounts to $77 spent on medical and dental care while a family in the $5,000-$10,000 class, spending only 3.8 per cent of its income, gets $236 worth of medical and dental care.

Those of you who regret the unwise expenditures of low-income groups on tobacco and the like, will be interested to know that in all income groups, high or low, the average family spends only half as much each year for tobacco as it pays out for the health services.

The following table affords an interesting basis for comparing the various factors which are in competition for the consumer's dollar:

Average Money Expenditures of City Families and Single Persons for Medical and Dental Care and Other Selected Items

By Money Income Class, 1941

Item	*Under $500*	*$ 500 1,000*	*$1,000 1,500*	*$1,500 2,000*	*$2,000 2,500*	*$2,500 3,000*	*$3,000 5,000*	*$ 5,000 10,000*
Food	167	295	433	558	674	784	973	1371
Housing	103	177	271	344	405	456	534	682
Clothing	29	71	128	184	242	303	421	673
Automobile	16	33	81	148	210	265	353	496
Medical Care	26	32	58	77	96	115	153	236
Tobacco	7	19	31	38	46	55	72	105

				Per Cent by Money Income				
Total	137	101	98	96	94	92	87	76
Food	54	40	35	32	30	29	26	21
Housing	33	24	22	20	18	17	14	11
Clothing	10	10	10	10	11	11	11	11
Automobiles	5	4	7	8	9	10	9	8
Medical Care	*8.3*	*4.3*	*4.7*	*4.4*	*4.3*	*4.2*	*4.1*	*3.8*
Tobacco	2.3	2.6	2.5	2.2	2.1	2.0	1.9	1.7

The significance of these figures is apparent when we examine the average bills for treating specific disorders. Nervous diseases average $84.00 per case; cancer $342.00; gastric or intestinal ulcer $77.00; child delivery and care, $99.00; puerperal complications or miscarriage $95.00; dental rehabilitation $50.00 to $55.00.

Modern medical and dental care is beyond the private means of a substantial majority of the American public. It is evident that this is true in times of prosperity and full payrolls. It is even more so in times of unemployment and depression. However, it should be especially noted that although medical and dental expenditures are regularly correlated with income, the poorest groups actually spend a greater proportion of their total incomes for the health services than do the wealthiest. I make this point by way of stressing the need for doing something more than merely attempting to excite more individual expenditures among the low income groups. Some form of collective action appears necessary in order that they may make more effective use of their meager and yet disproportionately higher contributions for health care.

Dental expenditures mount even more sharply than medical expenditures when one moves into the higher income brackets. This, of course, is not unrelated to the "cosmetic" aspects of dentistry, but as such, offers one additional pressure upon the dentist to seek his clientele among a relatively restricted and economically prosperous section of the population. This highly selective pattern is sharply set forth in a United States Public Health Report of the Frequency of Dental Services among 9,000 families. The number of dental cases per 1,000 persons in terms of various income classes were as follows:

Number of Dental Cases Per 1000 Persons by Income Classes and by Sex*

	Less than 1200	*1200 1999*	*2000 2999*	*3000 4999*	*5000 or more*
Total	122	192	252	342	596
Male	102	161	205	280	538
Female	139	223	295	396	640

These data are even more meaningful alongside the record of expenditure for dental care by families in 1935-1936:**

Under $ 500	$ 2
$ 500-$ 750	2
750- 1,000	5
1,000- 1,250	6
1,250- 1,500	8
1,500- 1,750	11
1,750- 2,000	13
2,000- 2,500	16
2,500- 3,000	19
3,000- 4,000	24
4,000- 5,000	33
5,000- 10,000	50
10,000 and over	106

FARM FAMILIES

I shall not attempt to present the problem as it breaks down between farm and city families. The average expenditure of the two groups for total medical care is the same, but since farm families have as a whole considerably smaller incomes than urban families, their per capita expenditures for the health services are about half that of the urban families. In 1935-1936 urban families were spending an average of $19 per family for medical and dental care while farm fam-

**Public Health Reports,* Washington, Vol. 54, No. 16 (Apr. 21, 1939), pp. 629-657.

**National Resources Planning Board, *Family Expenditures in the U. S.* Statistical Tables and Appendices (Washington, 1941) p. 5.

ilies were spending only $10. However, in each instance the expenditure represented 3.9 per cent of the total family expenditure.

But lest your attention has been unduly directed toward the very poor, I should like to emphasize the point that the cost of modern medical and dental care, under the private fee system, throws many a middle-income family budget out of balance. Among farm families with incomes from $750 to $1000 per year, the proportion of families with high expense for medical and dental care whose living expenses exceed their income, is almost twice the proportion of those with low expense for medical and dental care. Twenty-five per cent of that third of farm families spending the least for health care, spent more than their annual income to live, while 45 per cent of that third of farm families which spend the most for medical and dental care, spent more than their annual income to live. Not only then do many families refrain from purchasing essential medical and dental services, but if they should find it necessary to do so, they must spend more than they earn and become debtors.

The effects of inability to pay upon the consuming public is obvious, but the related effects upon the professions is equally clear. The financial insecurities within the health professions are themselves directly related to the financial disabilities within the consuming public. Such considerations will be introduced at a later point in our discussion.

SUMMARY

We may here summarize the effects of our present pattern of income distribution. The costs of modern medical and dental services are beyond the means of a great proportion of the American population. They cannot, as individuals, pay for adequate medical and dental care under the traditional methods of payments through fee-for-service at the time the services may be needed. If called upon to do so, all groups, but the very well-to-do, may find themselves cast into debt or forced to entertain partial services or substitute nostrums.

We may here again revert to some questions faced during our first meeting.

(1) Can it be considered right in present day American society that people should have to forego or postpone health services for economic reasons?

(2) Can it be considered right in present day American society that physicians and dentists should find it necessary often under very adverse conditions of work, to compete for profit (however small that profit may be) over things of such moment to the nation as the sickness or health preservation of its individual citizens?

(3) Is it possible any longer to support the principle that general practice should remain individualistic, competitive, and independent of any form of collective action, governmental or otherwise?

The Professions and Public Policy Concerning the Health Services*

Earl S. Johnson, Ph.D., Assistant Professor of Social Sciences, University of Chicago

Although the monopoly granted medicine and dentistry in rendering specific services benefits the individual physician and dentist, it was primarily intended for the good of the community. This combination of public and private interests finds expression in the public policy determining the relations of the practitioner to practitioner, to patients who pay individually for service, to those of the poor who get free service, and to the part of the public who gets no service.

Advance in dental knowledge and skills has far out-stripped invention of forms of socio-economic organization that will permit the widest social distribution of professional services. Such invention is the problem of all, both practitioners and laymen, and its intelligent solution depends upon the enlightenment of all. The professional man is both expert and layman; only through his intelligent participation as citizen and the intelligent participation of his profession as a politico-social action group in public councils will an informed public policy emerge. To fill this role, the dentist like other specialists needs education in politics, in the modern service state, which, seeking to prevent social ills, has superseded the old police state, which tried only to cure. The profession of dentistry through experimentation in new forms of socio-economic organization, free discusion of public policy in its journals, and modernization of its code of ethics, can further the development of a just, equitable, and modern public policy.

The health professions, unique among all professional institutions, have always enjoyed a status which combined in a distinctive way private and public attributes. Indeed it is impossible to draw a sharp line of demarcation between these two spheres of their existence—or rather these two hemispheres. Thus it is that the making of public policy is not something new to them, however much at this juncture of their history and the history of our society it may manifest new and vexing aspects.

A SOCIALIZED MONOPOLY

What is private and what is public inhere in the monopolistic character of the health professions. Society has granted to them the right to monopolize their activities in the belief that through monopoly the public interest would be better served than through the competitive principle. In fact the enjoyment of this monopoly has been granted on the implied, if not explicit, assumption that it would be used for the good of the community rather than for the self-aggrandizement of the individuals who enjoy this high prerogative. In other words, the monopoly which the health professions have enjoyed has been a *socialized* monopoly—socialized in the best and most exacting meaning of the term.

The codes of ethics of these professions, about which I shall have something to say later, represent at another level this indistinguishable merger of what is private with what is public. If these codes were designed, as I understand they were, to discipline the members of these groups that regulation was imposed as a means of protecting the public interest *by way of* affording protection to the practitioners as individuals and to their profession as a service institution.

*This paper is the third of a series of lectures on "The Dentist in the Social Order," a study course presented by the Chicago Dental Society and the University of Chicago.

Whatever conceptions these professions have entertained and practised as to the methods by which their services were to be made available have, willy-nilly, their public as well as their private aspects. When practitioner-patient relations are mediated by the fee-system and the doctor's service initiated by the patient, public policy as well as private policy is practised. It is public policy with respect to a segment, if not all, of what we term "the public." The question which these professions now face is, of course, whether this kind of policy is adequate for all kinds and conditions of people who, by that token, constitute many different and disparate publics.

A policy which has been both private and public is that manifest in the charitable and philanthropic services which the health professions have long rendered. But this form of service, while seeming to be *only* public, was more privately than publicly conceived and administered. The result was, in general, harmful to both the practitioner and the patient. The practitioner received no remuneration, unless indeed he shifted the cost to his financially more fortunate patients, and the patient was not infrequently pauperized—psychologically if not fiscally. In this role the practitioner played the part of tax collector, collecting from the fortunate more than their services should have cost them, and passing it on to the less fortunate. The practitioner thus assigned to himself a role which has been the time-honored public function carried on constitutionally through duly appointed or elected agents of the community, namely the assessor, the tax collector, and the personnel of the public treasury. This form of practise is also to be scrutinized in terms of the fact that it rested on the goodness-of-heart of the practitioner rather than upon a rationally conceived and *regular* service which could be had when it was needed—even when a good-hearted practitioner was not about. This form of service was based on *noblesse oblige,* a principle of feudal and aristocratic societies. It may have worked well in such societies though that could be seriously challenged in light of the knowledge which we have of the morbidity and mortality rates of those civilizations. That it is now as outmoded as a knight-in-armour is becoming more and more evident.

The relation between the practitioner and the patient who can pay for service because he is a member of some form of payment plan is mediated somewhat more by public than private policy, although here again a hard and fast line is difficult to draw. The line is exceedingly hard to draw in those situations in which the practitioner and patient have never met, because there is yet to be evolved a public policy—or better public *policies*—which will permit them to meet. These are, in short, those who get none of the services which the health professions are technically capable of offering.

LAG IN SOCIO-ECONOMIC ORGANIZATION

The advance in dental and medical knowledge and the skills required to make it serviceable is a fact. This does not mean that the health professions have solved all their implemental and technological problems. But their technical "know-how" has reached a high plane of perfection. It is their institutional "know-how" which lags far behind. For the dentist, the problems of "what denture," "what filling," or "what correction" are push-overs! But in the field of the making of public policy, namely the inventions of those forms of socio-economic organization which will permit the technical "know-how" to get its widest social distribution the progress has been much slower. It is, of course, the problem of our age and of our whole society. The remedy is not to be found in terms of "who's to blame?" The remedy is to be found in an objective and dispassionate study of the socio-economic structure of our society. None are absolved from taking this perspec-

tive. All are obligated to take it. The problem is that of identifying the role which the professional and the layman can jointly and cooperatively play in overcoming this lag. It is the problem of the role of the expert and the layman, respectively, in a democratically conceived society. It is the problem of the integration of science, on the one hand, and political power and the national welfare on the other.

If rational public policy is to be evolved we must deal with two terms, namely "an adequate and proper *division* of labor" and "an adequate and proper *unity* of labor." The participants in this joint enterprise of making public policy are, as I have indicated. the expert and the layman. Let me here make it plain that I do not presume to have found the answer of "how to do it." All I have a right to believe is that I have some knowledge of the areas of joint and separate activity in which the answer can be worked out. And we must know that, in a dynamic society, it will be only a tentative answer.

We face again the problem of areas of activity between which a neat and sharp division of functions cannot be made. Two fairly distinct and related areas can, however, be identified.

WHAT AND HOW

All problems of public policy face a double-barrelled question: (1) "what *ought* we to do?" and (2) "how can it be done?" The first is a problem of goals or ends; the second is a problem of the means of achieving these goals or ends. That these lend themselves to any complete separation I again deny. If they did our problem would be simple. It would then fall to some of us to say what we ought to do; and it would fall to others of us to decide how to do it. It would be nice if social problems could be settled by such a neat calculus.

"What ought we to do?" is essentially a question of morality. "How can it be done?" is essentially a question of technology. Or call them questions in *ethics* and *science,* if you wish.

ROLE OF THE PUBLIC

The questions differ significantly in their "size." By this I mean that questions of the first type (moral questions) are large public questions whose answer in a democracy is given, or found, through the registering of the public will—all of us, insofar as all of us have the awareness, the knowledge, the incentive, and the willingness to take part in the shaping and articulation of the public will. But even prior to the act of registering the public will is the "act of discussion and debate" through and within which that will is discovered and given form. Questions of the second type (technical questions) are smaller professional questions whose answer in a democracy is given, or found, through the contribution which associations of experts can make to the implementation of what the larger public has decided *ought* to be done.

Let me offer some examples of each types of problems. The larger public questions first. Perhaps first among these is the question, what general form of socio-economic life do we want? But even this question requires attack in terms of smaller and more or less separate and discreet questions. Among these are such as the following: what kind of tariff do we want, or prior to that, do we want a tariff, what program for the use and distribution of natural power resources do we want, what immigration policy should we adopt, what should be our policy of national defense and should we raise an army by volunteer or conscription methods, what role and in terms of what kind of rules-of-the-game should we play in a world political order, what fiscal policy should we follow, what should our educational policy be—whom should we educate and who should pay the bill? . . . These and myriad other questions of this kind I should classify as large public questions to be resolved by the society-as-a-whole.

PROBLEMS OF THE EXPERT

Now to the questions of somewhat smaller dimensions and requiring the contribution of the specialist, the scientist, and the expert. They all address the same general question, namely, what is the most effective way of accomplishing those ends or goals which the whole society has decided *ought* to be accomplished? These "smaller" questions are of the following kinds: what will be the effects on the national economy of tariff rates set at given levels, what are the various immigration quotas which might be worked out and what would be their likely national and international effects, what are the basic administrative and policing problems involved in our participation in a world political order, what fiscal policies will most effectively meet the problems of our economy at different times and under different conditions, how can vocational and cultural education be merged? . . . These are typical of the questions in this class.

NEED FOR PUBLIC ENLIGHTENMENT

The questions in these two lists are obviously different even if they are not capable of the sharp separation which their recital seems to suggest. And of course they are not separate. The judgment of the public may, in the light of the knowledge which the specialists possess, be either good or bad. They may be good or bad in that they would result in fortune or disaster for the economy. They may be good or bad in that the experts and the scientists may or may not have the knowledge and skill to make them work out to the community's advantage. The surest guarantee that they will be *right* judgments lies in the education and enlightenment of the public-at-large. And the source of this education and enlightenment is the expert, the scientist, the specialist. If the judgments are wrong judgments they are, in a *democracy,* amenable to correction.

TWOFOLD ROLE OF DENTISTRY

But if the scientists, the experts, and the specialists are the source of knowledge they must have two interests: an interest in the discovery of knowledge, and an interest, in a measure now little manifest, in assuming their full share of citizen-responsibility in helping to shape those policies which will give this knowledge its widest socially useful distribution. These interests, in turn, require two other obligations: the recognition by the scientists and experts of the essentially social or collective nature of the knowledge which comes to fruit by their hands, and an awareness of the need to keep up-to-date the institutional means by which these discoveries can find their way into constructive social usefulness. The discovery of knowledge goes on apace but it may be doubted if its essentially social or collective nature is known in a magnitude comparable to the rate of its growth. But for our interests, and with special reference to the health professions, the problem of keeping these professional organizations under continuous criticism and revision is of especial moment. The obligation to keep continuously *modern* their professional organization — that which relates them to the various publics which they serve, is complemented by the obligation to know about the social organization of these very publics —or indeed to know whether some of them have any distinct organizational structure, through which their needs and demands on the services of these professions may be made known.

I must make it clear that I am *not* proposing the dis-enfranchisement of the professional man as citizen, nor the curtailment of the activities of his profession as a politico-social action group. I am arguing that only through his intelligent participation as citizen and the intelligent participation of his profession as politico-social action group will informed guidance and action be given to the making of public policy in the largest dimensions. This is the context within

which expert and layman meet, for the professional man is both.

I have sought, in the foregoing, to indicate both a *division* and a *unity* of labor. There is no doubt but that in general in this country this division of unity of labor has worked relatively well. But only *relatively* well. Relatively *how well* depends on the degree to which the professions and all the rest of us are willing to settle for something short of what we might have if we saw the problem clearly, admitted the width of the gap between what we have and what we might have, and set about informing ourselves and organizing to narrow the gap. Perhaps it is asking too much of stubborn and irrational human nature to expect it ever to be closed.

But I am disposed to believe that the success we have thus far achieved—and I would not minimize it—has been due more to indirection than it has to a collective, rational, purposive, and planned attack on the problem.

EXPECTATION OF THE PEOPLE

Thanks to such factors as national advertising, education, and our insistence on ethical responsibility which runs deep in the American spirit and tradition, the people—the great un-washed, and only semiliterate, and until recently largely inarticulate masses—have reached a stage of expectation on the delivery of what we have advertised, taught, and to which we have given our ethical subscription. This is what is underneath the great democratic ground swell. It is unmistakable. It is here. This does not deny that some of it—maybe much of it—is used by unscrupulous political leaders to advance themselves rather than to bring these things to objective realization. Even when that is the case the fact stands that this ground swell is so obvious that an ambitious political leader—whether genuine or spurious—would be a fool to forego its exploitation.

The specific implications of all the foregoing must now be considered, however briefly and inadequately in the scope of this paper. That it has implications for two divisions of the population is obvious. These divisions are the professionals and the laymen. With the latter I cannot now deal except to say that they must be willing to let the expert play his two roles, his scientific or "know-how" role and his civil or "what should we do?" role. It must also insist that he take account of and understand the temper and vitality of the masses in a democratic society. They may be wrong at times as to what it is they think "we ought to do." And they will not be disposed to quibble, over-much, about means. What they want is *results!*

The implications for the health professions of what has been said will be given more extensive consideration. Let me make it clear: I do not undertake to tell you what you ought to do. That is not my task. I do, however, undertake to identify the problems or problem areas within which I believe what you ought to do will be found.

EDUCATIONAL NEEDS OF DENTIST

Much of the difficulty which the members of the health professions confront and do not know how to address in a rational way stems from the shortcomings of their education. Not their professional education but their general education in the field of human affairs. The health professions find themselves in no unique position in this respect. Nor do they find themselves in a unique position among the functional groups in our society with respect to any of the problems with which this series has dealt. As the preacher might put it: "We have all sinned and come short of the glory of God." But without a comprehensive general education in the field of human affairs, politics, ethics, economics, social psychology, anthropology and all the rest of the social sciences, the professions will continue to produce men who possess the skill of an expert but insight into the social consequences

of the use of their skill little above that of an amateur. To the same degree that the expert's and layman's roles cannot be completely separated and in fact should and do cross-fertilize each other, so also does the expert's role as skilled technician cross-fertilize with his role as man of social knowledge and insight.

MODERN SOCIETY — POLITICAL

I cannot detail here, if I could, the content of such a general education. It must, as I view it, find its base in a study of politics for we live as man has never before lived in a political society. Once men lived in an ecclesiastical society and in it the church performed the integrating function. This was followed by an economic society which found, or was presumed to find, its center of organization and unity through the free competitive activities of the market. But before that society had more than started it began to ask the government to help it. This is the society in which we now find ourselves and one in which the state is playing an increasingly central and integrating role. The realization and acceptance of this fact is still delayed by the most stubborn of all cultural myths, namely that there was ever anything approaching economic *laissez faire*.

LESS PASSION — MORE INTELLIGENCE

From such a study I should hope that the members of the health professions would come to display a less passionate and more objective attitude toward political problems and issues. (They are not alone in respect to this requirement.) No dentist as professional expert would wave a red flag in his colleague's face if they disagreed on some technical question. No physician would invoke the Constitution of the United States against a colleague with whom he disagreed on a diagnosis. Until there is an equalization, within these professions, of attitudes on scientific and political problems we shall continue to find our scientific problems settled rationally and our political questions settled irrationally, and hence not settled at all.

From such an education I should, further, hope that the members of the health professions would cease to be thrown into panic by mention of such terms as *government, regulation,* and *bureaucracy.* The prevailing conception which many professional men have that our government forces its way into the ordering of human affairs is denied by its history. The facts are that the government is invited in. The essence of politics in a democratic society is competition among the citizens for the right to invite the government in or invite it to stay out, as well as the right to decide what it shall be invited to do, or excluded from doing. The government, at any time, is representative of the expressed will of those who took the trouble to exercise their constitutional right of suffrage on public questions. If we are afraid of the government we are afraid of our own shadow.

As to regulation, I am disposed to believe that if a profession disciplines and orders the behavior of its own members —and it is to be distinguished from the trades and commercial enterprises exactly in the measure to which it does these things—that is called regulation. If the people do it through their government it is called regimentation. I see no difference between them.

And there is that other current cussword, bureaucracy. It has long ceased to have a legitimate meaning. What it represents is a form of expert control and administration which has been made necessary by virtue of the complex things which the government has been asked to do and the doing of which is beyond the ken of the layman. Its vices trace mainly to two things: its relative youth and inexperience and the lamentable fact that we turn more and more to the government but at the same time distrust it and refuse to give it the qualified personnel and administrative structures necessary to the effective carrying out of its tasks. It is appropriate to report here

(Continued on page 23)

What Now?

By Frederick T. Barich

With a combination of charts, graphs, figures and a few sunspots tossed in for good measure, one can "discover" a lot of things about human behavior; and the "reasons" why great men are really great. Some facts are known and have been proven as such above and beyond the realm of chance, mere coincidence or conjecture. For example, science knows that death occurs when sudden extremes in temperature and barometric pressure swoop down on any given area. It also knows that the individuals so affected are those whose pathologic affliction are conducive to that fatal finale. Rapid rises or falls in temperatures and pressures take their tolls with consistent regularity. Certain individuals are as vulnerable during these conditions as soldiers advancing toward an objective under bursts of withering machine gun fire. We know too that man is more active and more inventive in the northern climes than his brothers who are more fortunate. There are other known facts but for the moment those mentioned will suffice. Diametrically opposed to the known factors are the intangibles and here is where the guessing game commences. Sunspots come in this category. Little is known factually about them. The effect on the biologic organism then must fall in the realm of conjecture. Another unknown is the human mind. Men of science have labored long and hard on both of the above subjects, and at this writing are laboring harder and longer than at any previous time in man's history. From time to time figments of facts are disclosed by these men. At the merest suggestion these disclosures are set upon by interested parties and forced to fit into definite predetermined patterns of their own. Sometimes a bit of juggling is necessary; but somehow it is made to appear to fit perfectly into the general or specific pattern. At this point we must separate the true from the false, and refuse to be led or influenced by "definite conclusions," so called and so injudiciously juggled. Pure science has disclosed a few facts about man's behavior; but the realm of the unknown still offers a strong challenge to the boys to come and get it. What makes some men great and others greater or vice-versa, is yet to be learned; we are on the scent and slowly and laboriously we will arrive at the destination. To do this we must stick to the trail and refuse to be led astray by divergences of all kinds which plague the tracker-downer. The above poses this question in deductive reasoning: "How many legs has a dog?" The answer is simple, of course—four. We know it because it has been proven beyond the realm of hypothesis. Now suppose that all youngsters were taught to reason like this on the above problem: A dog has eight legs because there are two in front; two behind; and two on each side. That's eight, isn't it? Please pass the sun spots—my foot's asleep.

NARRAMONOTIVE*

FRILL
JILL
CHILL PILL
STILL DRILL KILL
FILL BILL QUILL NIL

Joe Bicuspid says: "An egotist is one who basks in his own sunshine but is tanned by the reflected rays."

*Narramonotives are simple stories for and by the . . .

Reasons Why the American Dental Association Opposes the Wagner-Murray-Dingell Bill

After carefully considering the provisions for dental health care that would be established by the enactment of the Wagner-Murray-Dingell bill and comparing them with the legislation introduced into Congress by the American Dental Association, the officers of the American Dental Association have issued the following statements outlining their objections to the Wagner bill:

1. The American Dental Association has a plan which is less expensive, more practical, more efficient, and provides a better method for improving the dental health of the American people. The dental health program for the United States as proposed by the American Dental Association is a practical and scientific method, and is based upon successful experience. This program is set forth in two Senate Bills, S. 190 and S. 1099, which are now before Congress. S. 190 provides for increased dental research in order to improve preventive measures and thus decrease dental diseases. S. 1099 provides for grants-in-aid to the states to establish programs of dental health education and dental care, particularly for children.

2. The Wagner Bill is vague, ambiguous and indefinite regarding the dental benefits to be provided the public. Apparently it promises only examinations, diagnosis, prophylaxis, special extractions, and treatment for acute diseases. It does not promise fillings, artificial dentures, crowns, bridges, treatment for chronic diseases or many types of oral surgery. The dental benefits that are promised to the individual are of such limited nature that they will be of little value to the patient unless he provides himself with additional care which he must finance from personal funds.

3. The Wagner Bill interferes with the sovereign right of a state to determine the type of health program to be provided its citizens.

4. The Wagner Bill will require an expensive system of administration, which will have to be maintained in addition to the cost of providing health benefits.

5. The Wagner Bill is indefinite with respect to rules and regulations to be adopted for administering the program. It does not provide a definite plan of administration.

6. The individual who wishes to avail himself of the services promised in the Wagner Bill does not have free choice of practitioner. He may choose only a practitioner listed with the government and located in the same area as the patient. Further, the practitioner may be limited to a maximum number of patients.

7. The history of the United States reveals that whenever large sums of government money are available for distribution there also thrives political influence and political patronage. Political interference with and control of the health services are not in the interest of the public.

8. The Wagner Bill will place a governmental agency between the patient and the practitioner, which will disturb the fundamental relationship that should exist between them.

9. The Wagner Bill will develop a complex administrative system requiring a voluminous amount of rules and regulations. It will involve practitioners in an enormous amount of time-consuming record-keeping and government reports which will cause inefficiency and delay in furnishing health services to the public.

10. The poor dental health of the people of England and Germany — countries which for years have provided compulsory sickness insurance benefits — warrants the contention that such programs are impractical from a dental

health standpoint and should not be adopted in this country.

11. The excellent dental health enjoyed by children and youth in certain American communities which have adequate dental programs for children warrants the belief that such programs are practical and that they should be extended to all communities.

12. The American Dental Association cannot endorse a compulsory prepaid personal health service bill as it sincerely believes that its own program based upon research, education and service programs, particularly for children, will prove more beneficial and less costly to the American people.

Conclusion

An analysis and appraisal of the present movement for compulsory health insurance in the United States has been made by Herbert D. Simpson, Emeritus Professor of Public Finance, Northwestern University. His study entitled, "Compulsory Health Insurance in the United States," is one of a series of studies in the social sciences published by Northwestern University in 1943. It contains the following comment:

"The International Labour Office is probably the most active organization in this field. It has, in fact, put out some of the most useful information — statistical and legislative — on the subject of health insurance. Its publications are highly respected and have for years been a source of valuable information for students in this field. The leaders in this group and the scholars associated with its research and publication work presumably understand the nature of the present movement as well as anyone can."

"But in the most recent publication of the International Labour Office, 'Approaches to Social Security,' we find this statement:

" 'The fact is that once the whole employed population, wives and children included, is brought within the scope of compulsory sickness insurance, the great majority of doctors, dentists, nurses, and hospitals find themselves engaged in the insurance medical service, which squeezes out most of the private practice on the one hand, and most of the medical care hitherto given by the public assistance authorities, on the other. The next step to a single national medical service is a short one and a bill to create such a service is now under consideration in Chile. A national medical service is already in operation in New Zealand and in the Soviet Union.' "

Professor Simpson then continues: "It is apparent, therefore, that we can no longer appraise the movement as one for compulsory health insurance alone. It is consciously directed toward the 'next step'— the establishment of a completely nationalized system of medical service, such as those of New Zealand and the Soviet Union; and it appears that impartial students of the movement will have to appraise it as such."

NEWS OF THE BRANCHES

WEST SIDE

Here are some interesting highlights of the Midwinter Meeting: One hundred and fifty men attended the University of Illinois Alumni Association luncheon where plans for a Moorhead Memorial Fund were discussed. . . . Nearly two hundred men who attended the C.C.D.S. Alumni Association Smoker celebrated with such enthusiasm and hilarity that this gala affair was the talk of the convention for days. The class of 1921, of which Ed Rus is a member, was honored and they are arranging for another banquet to be held at the next C.C.D.S. Alumni Spring Meeting. For reservations get in touch with Ernest Goldhorn. . . . The N. U. Alumni Association luncheon was well attended and a complete success. . . . Congratulations to Robert G. Kesel for his prize winning essay on dental caries. . . . Joe Porto was elected secretary and Frank Kropik was elected to the membership of the Alumni Chapter of the Xi Psi Phi fraternity. . . . The Alpha Omega fraternity was host to many out-of-town fraters at a dinner and cocktail party at the Morrison Hotel. H. Epstein did a fine job arranging this get-together. . . . Room 1456 was the most popular suite at the Stevens. Reason —host Leo J. Cahill. Leo is now enjoying a six weeks' vacation in Mexico. . . . Next to L. Russell Hegland, the most diligent worker at the convention was our own Caesar E. Newman, who was the custodian of the valuable Scientific Exhibit. Incidentally, Newman's oldest daughter is now studying dentistry and has a great love for orthodontics which she hopes to practice some day. . . . Nat Potkin, who is on the staff of the U. of Illinois Department of applied materia medica and therapeutics, presented a report on "Penicillin in Root Canal Therapy" before the American Association of Endodontists.

Wm. J. Serritella is recovering very rapidly and will be back in his office soon. . . . If you see Ben H. Gorsky popping his buttons and passing out cigars, it's because he became the father of Jerrold Miles on February 6. . . . J. Ehrlich frequently commutes to his Florida home via plane. . . . G. W. Parrilli and William R. Gubbins are on a terminal leave and expect to resume their civilian practice soon. . . . The nominating committee has nominated the following members for the 1946-1947 term: Michael De Rose, President; Frank J. Kropik, Vice-President; Alvin J. Sells, Treasurer; Walter E. Kelly, Secretary; Vincent P. Vivirito, Librarian; Edward J. Rus, Branch Director. . . . HEAR YE! HEAR YE! Frank Kropik was successful in obtaining for our next meeting, Tuesday, March 12, at the Midwest Athletic Club, that well-known, much sought essayist and clinician, Dr. Henry Glupker, who will speak and present a movie on the subject of "Full Denture Construction." Let's have a big turnout for this event.—*Maurice C. Berman, Branch Correspondent.*

WEST SUBURBAN

The death of Clark J. McCooey, one of our younger members, was a shock to his friends, patients, and professional associates in Oak Park, at Billings Hospital and on the faculty of Loyola University. He is survived by his wife, his parents, and three sisters to whom we extend our sympathy. . . . The Midwinter Meeting owes its success in part to the efforts of West Suburban members. Among them, Robert Humphrey, president-elect, who was chairman of Midwinter Meeting Affairs Committee, and Helen Wisnow, who engineered an exceptionally successful tea honoring visiting women dentists. Helen is now investigating road maps and hotels between here and California, where she plans to spend a vacation soon. . . . The first Round Table luncheon on February 4

honored returning service men, and was enjoyed by more than fifty members. James K. Betty's description of the life of a dental officer in the New Hebrides kept us on the edge of our chairs until many were late for the first appointment of the afternoon. . . . William T. Wojahn of Forest Park is a civilian again after forty-two months in the Army, the last eighteen in the E.T.O. He was with the Ninth Armored Division and one of the first dental officers to cross the Ludendorff bridge after its capture. For his services with a combat unit he won a bronze medal and the Presidential citation. While Major Wojahn was returning from the combat zone, the ambulance in which he and two enlisted men were riding was demolished by a medium tank in a collision, but miraculously the three escaped uninjured. Will's mother gave me these facts. He is really quite modest, but told me he had a wonderful experience which he would not exchange for any amount of money, but which he wouldn't give a dime to repeat. . . . Lt. Lyle J. Filek is back in civvies after two and a half years in the Navy. He says his duty on a submarine tender was not unpleasant, and that while on shore most of his time was spent in the Marianas. According to Filek's report, Weston O. Olsen is out of the Navy, and Burton W. Zuley expects to be released soon. . . . Albert J. Ryan is back from the Navy. . . . Mitchell G. Juliussen has recently returned from eighteen months in Antwerp, Belgium. . . . Wm. Byron Kinney's son is now associated with him in practice at 5613 Lake Street. . . . S. L. Hopp, released from the Army, has located at 350 Harrison Street, Oak Park. . . . Ernest P. Hudec is going strong at 715 Lake Street, after a long stretch in the Navy. . . . Let us hope we may soon be announcing the return of the remaining fifty West Suburban men still in uniform. . . . Clarence A. Hanson returned from three weeks in Ft. Lauderdale, Florida with a healthy tan, in time for the last two days of the Midwinter Meeting. He brought in a seven-foot sailfish. He says he has had enough of loafing (call that loafing if you like!) and is glad to be at work again.—*Beulah G. Nelson, Assistant Branch Correspondent.*

ENGLEWOOD

They scraped the bottom of the barrel and up I came, so if this stuff is a little off the literary side I'm willing to admit I've never even won a booby prize for writing. . . . At the time of writing this column I can say that the Midwinter Meeting was a success for all of us. It filled the bill for good fellowship and was academically stimulating. . . . Next off, our March meeting will be devoted to a medico-dental program. We have the good fortune to have secured Louis Schultz, M.D., F.A.C.S., who is a member of the Chicago Dental Society and also the Society of Oral Surgeons. His subject will be "Disturbances of the Temporomandibular Articulation." Dr. John R. Thompson, who won the 1945 Prize Essay Contest for his contribution on the temporomandibular joint, will discuss Dr. Schultz' paper. . . . We have some pretty good workers in Englewood. The president's crown of the Woodlawn South Shore Kiwanis was placed on Bill Hillemeyer and the secretaryship of the Roseland Kiwanis went to John Boersma. Roy Gates and Tom Rooney performed in an amateur show for the Lions Club on February 19 and 20. R. N. Tanis has been elected president of the Y.M.C.A. Health Club. . . . Now let's take up with our dental travelers — B. H. Jostes, James Stokoe, A. W. Gumpel and J. O. Hitz are enjoying the Florida sun while R. C. Van Dam and Elmer Ziemer have returned to endure the balance of winter in Chicago. A. G. Person is spending his vacation in California. Then, we have a few members who are studying dentistry on the golf course, such as H. S. Ray, Rodney Marks and Frank Hospers. The latter recently returned from California. . . . We welcome the following servicemen: A. J. Tanis, G. E. Covington, E .R. Lindholm, F. J. O'Grady, W. R. Cruikshank, E. W. Schuessler and H. S. Feeney

all released from Navy duty, and J. W. Jun, Harry Kazen, G. M. Walden, E. M. Franklin and M. T. Reid, recently relieved from Army service.—*Theodore H. Vermuelen, Assistant Branch Correspondent.*

NORTH SUBURBAN

The excellence of the Midwinter Meeting is being acclaimed by all. Chicagoans and visitors have expressed unlimited praise. Pete Mundell as general chairman deserves much credit for a difficult job well done. Arne Romnes as chairman of the Program Committee will probably have a hard time avoiding reappointment next year. Art Leaf and Harry Chronquist were as usual doing their share. Seeing old friends and making new ones equalled the technical benefits of the Meeting. . . . The next branch meeting will be on Monday, March 11, at 6:30 in the Aladdin Room of the Orrington Hotel. Bill Rusch is in Florida for two weeks so he could not tell me the nature of the program. It will be of the same caliber as those of our preceeding meetings, I am sure. . . . Chester Anderson is out of the Navy and will practice in Highwood as soon as he can find living accommodations. . . . Floyd Grover will divide his time between Evanston and the loop. He and Zenas Shafer share office space at 636 Church Street, Evanston. . . . Rudy Seidl will open his office in Mt. Prospect in the near future. He has just been released from the Army. . . . Stan Richards is at Camp Stoneman, California, but not for long. . . . E. H. Smith of Libertyville is taking C. J. Ames, recently released from the Navy, as his associate. . . Douglas Meinig is looking for office space and will be joined shortly in the search by W. D. Speaks. . . . Roger Huntington will probably be back at the chair this summer. He is making a remarkable recovery in Florida. . . . When we discuss the future of dental practice a good mediator is essential. Ed Ryan did the job at the Midwinter Meeting. . . . Charlie Baker's son, Frank, said a word at the Monday luncheon of the Evanston Association. He served in the Army as a physician aboard an ambulance ship.—*Henry Q. Conley, Branch Correspondent.*

NORTHWEST

The greatest show of all, dentally speaking, has just ended and with the crowd in attendance it was fortunate that the Stevens was the locale for no other single building could handle that mob. Headed by President Joe Zielinski many Northwesters took an active part in making the meeting a grand success. Among the fellows serving as directors of Limited Attendance Clinics were Fred Ahlers, Pete DeBoer, Folmer Nymark, John Gates, Joe Ulis, Joe Gillmeister, Iver Oveson, Frank Biedka, Leroy Maas, Irv Neer, Tom Wright and Jerry Rund. The confusion over room reservations made several of our men stay at the Palmer House, commuting to the Stevens every morning. . . . With Sam Goodfriend as chairman, the past presidents met recently to select a list of nominees for branch officers to be elected at our April meeting. . . . Larry Peacock, George Ulvestad, Folmer Nymark and Waldo Link were pallbearers at the funeral of the late Hugh Larkin. Sure do miss Lark at the noon meetings of the Trostrud Club. . . . Lyle McDonald, recently released from the Army, is back at work taking over his late father's office. . . . If this issue reaches you by the first, don't forget the meeting featuring Dr. Joe Schaefer. — *Thad Olechowski, Branch Correspondent.*

NORTH SIDE

The February meeting of the North Side group was held at the Edgewater Beach Hotel. Harold Hillenbrand, the after-dinner speaker, gave us an informative talk on the Murray-Wagner-Dingell bill, which was of interest and value to all of us. President Ford and Secretary Luebke handled the formalities of the meeting. A question and answer program

followed having been arranged by Program Chairman Elliott. Carl Gieler introduced the speakers. Members participating and their subjects were: Dr. Sicher, "Anatomy of Anesthesia"; Russell Boothe, "Extraction of Teeth"; Jack Besser, "Full Dentures." The attendance was good but it could be much better, so let's rally to our April meeting for clinic night. Chairman Maurice Horan promises very interesting clinics and good fellowship. . . . The long awaited big event of the year, the Midwinter meeting, is over. We're rested and back in the old practice groove again, but, we won't soon forget the inspirational things we saw and heard nor the old friends and classmates we met. It was a great meeting and the following North Siders seemed to enjoy themselves, the clinics and program immensely: Art Blim, Leo Kremer, Roland Weber, Otto Silberhorn, Emory Greer, Fred Scambler, Kenneth Penhale, Munger Hodgman, Warren Schram, Paul Salisbury, Robert Janitschke, O. A. Helmer, Sid Pollack, Ed Luebke, William Stoppel, Robert Pond, Bruce Stocking, Frank Hurlstone, Z. D. Ford, August Swierczek, Sid Asher, Ed Kirby, G. Hewett Williams, Roy Schulz, Edgar Swanson, Clyde West, Jerry Couch, M. G. Swanson, Henry Taecker, Harold Oppice and Harold Hillenbrand. . . . Attending the Oral Surgery banquet February 9 were Kenneth Penhale, Harold Oppice and Russell Boothe. . . . Incidentally would like to know how many saw a certain entertainment three times? With an addition, maybe a subtraction we wouldn't mind it again? . . . J. W. Gordon, who has been in the service two years, has opened his office at his old address, Bryn Mawr and Broadway. Good Luck, J. W. . . . W. J. Strauss had a nice picture in the Tribune February 17. He is a director of the North Shore Dog Training Club, whose purpose is to teach dogs obedience. However, if any of the boys have a dog and is interested along these lines, W. J. would be pleased to hear from them. . . . I understand Art Blim's son, Tom, has inherited the intelligence of his mother. He was in the V-12 program at Armour Institute and received the highest grades in this group in mechanical engineering. He also made the mechanical engineering fraternity. (some Boy.) . . . We are sorry to hear that A. H. Ahmann is not in the best of health and that he has gone to Arizona for a rest. . . . Sorry to hear that J. H. Allgeier was forced to take a vacation on account of his health. He is spending some time at Kneipp Springs, Rome City, Indiana.—*Russell G. Boothe, Branch Correspondent.*

THE PROFESSIONS AND PUBLIC POLICY CONCERNING THE HEALTH SERVICES

(Continued from page 16)

that there is not a single power vested in any federal bureau which is not subject to review by the courts and many of them, scores, in fact, have been so reviewed. It is also a significant fact that the Supreme Court has not yet declared unconstitutional a statute creating an administrative agency (a bureaucratic instrument) merely on the grounds that there was vested in such a body a combination of two or more of the traditional functions of government, namely legislative, judicial, and executive. And it is a well-known and old fact that the judgments of the courts are in effect legislative and executive in their nature.

(To be continued March 15)

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Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the third and eighteenth of each month. The early submission of material will insure more consideration for publication.

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(Continued on page 26)

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